



**Paid Time Off (PTO) Request**

**PTO Information**

Employee Name: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Type of Absence Requested:

- Sick                       Vacation                       Bereavement                       Time Off Without Pay
- Military                       Jury Duty                       Maternity/Paternity                       Other

Dates of Absence: From: \_\_\_\_\_ To: \_\_\_\_\_

Total Number of Days Requested \_\_\_\_\_      Number of half days (4 hours) Requested: \_\_\_\_\_      Number of full days (8 hours) Requested: \_\_\_\_\_

Reason for Absence:

*You must submit requests for absences, other than sick leave, two weeks prior to the first day you will be absent.*

\_\_\_\_\_  
*Employee Signature* *Date*

**Manager Approval**

- Approved
- Rejected

Comments:

\_\_\_\_\_  
*Supervisor Signature* *Date*

\_\_\_\_\_  
*Tim Elgin, Operations Manager, Signature* *Date*